

**STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Mailing address - documentation only
1100 West 49th Street
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Physical Address
Mail not delivered to this address
8407 Wall Street, S-420
Austin, Texas 78754

**Mailing address - documentation
accompanied by a fee (include budget
and fund as noted above)**
P.O. Box 12197
Capitol Station
Austin, Texas 78711-2197

FELONY/MISDEMEANOR EVALUATION FORM

Complete this form for any felony and/or misdemeanor for which you have been convicted. Include any convictions which are currently on appeal. Attach additional pages if necessary.

Name _____ Social Security # _____

Address _____ Phone # () _____

City _____ State _____ Zip Code _____

Check appropriate box(es): MISDEMEANOR Class A Class B Class C

FELONY 1st degree 2nd degree 3rd degree

Indicate nature of crime: _____

Date of crime _____ Date of Conviction _____ Sentence/Fine _____

Signature

Date

form 1a
revised 05/01

F76-11163

